



Connecticut Tobacco Use
Prevention and Control Program

2014 Media Campaign Focus Group Report

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Connecticut Tobacco Use Prevention and Control Programs

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1 EXECUTIVE SUMMARY

In 2012 the Connecticut (CT) Tobacco Health and Trust Fund allocated approximately \$2 million to the Connecticut Department of Public Health, Tobacco Use Prevention and Control Program (CT DPH) for a tobacco control counter-marketing campaign. The campaign was targeted to adults from disparate groups and intended to increase utilization of the CT Quitline. However, average monthly Quitline volume was lower during the campaign compared to the same time period the previous year, raising concerns about the effectiveness of the media strategy. A series of eight focus groups was conducted to inform strategies for the next year of the media campaign.

Focus group data suggest that Connecticut adults who smoke, especially those from the disparate populations represented in these groups, face significant challenges with quitting. Awareness of the CT Quitline and its services is low. While TV ads were the most cited source of Quitline information among those who knew about the Quitline, online searches and healthcare providers were identified as the most commonly used information sources about smoking and quitting. Reactions to current and previous media campaigns are mixed, but novel ads depicting the serious health consequences of smoking were rated as most attention getting and motivating across groups, suggesting that such ads have the potential to impact smokers and move them towards quitting. Many participants endorsed a desire for additional messages that offer a hopeful tone and demonstrate how the Quitline can support people in becoming tobacco-free. Such ads may play a role in increasing motivation to make a quit attempt and/or call the Quitline.

Future media campaigns designed to drive Quitline calls should consider the following recommendations:

1. Focus future campaign ad buys on TV placement.
2. Consider introducing novel ads from the campaigns that tested well in these groups.
3. Integrate more information describing Quitline services into ads using a positive, hopeful tone.
4. If resources allow, consider developing new ads featuring people who have successfully quit using the CT Quitline.
5. Supplement traditional media messages (e.g., TV or online) with coordinated efforts to engage healthcare providers in addressing tobacco use, understanding Quitline services, and referring patients to the Quitline.



2 MEDIA CAMPAIGN OVERVIEW

The Connecticut Tobacco Health and Trust Fund allocated approximately \$2 million to the Connecticut Department of Public Health, Tobacco Use Prevention and Control Program (CT DPH) for a tobacco control counter-marketing campaign to be executed in 2013-2014. The CT Tobacco Program contracted with a marketing firm to design and execute a culturally competent, integrated statewide tobacco use cessation media campaign, with goals of: a) Targeting adults from groups with disparate tobacco use rates and/or disparate rates of tobacco related disease (i.e. ages 18-24 who are “straight to work” and did not attend college after high school, low socio-economic status, Hispanic ethnicity, African-American race, and LGBT orientation); b) Using ads from the Centers for Disease Control and Prevention (CDC) Tips From Former Smokers campaign as primary media and developing selected other coordinating materials; c) Incorporating referrals to the CT Quitline; and d) Developing ads and using technology that resonated with target audiences.

The campaign ran from November, 2013 to September, 2014. Several ads from the “Tips” campaign ran on television, radio, in print, online, and in out of home venues such as bus shelters and movie theaters. Ads ran in both English and Spanish. During that time, average monthly Quitline caller volume was lower compared to the same time period the previous year, raising concerns about the effectiveness of the media strategy in driving calls to the Quitline. The CT DPH contracted with the Tobacco Prevention and Evaluation Program at the University of North Carolina at Chapel Hill (TPEP) to evaluate the media campaign. As part of this evaluation, TPEP conducted a series of eight focus groups to inform recommendations for the second year of the media campaign.



3 FOCUS GROUP METHODOLOGY

The focus groups were designed to explore CT tobacco users' methods for obtaining health information and awareness and perceptions of the CT Quitline and past media campaigns, and to test several alternate advertisements for use in future campaigns.

Eight focus groups were conducted over two days in New Haven and Hartford. Focus groups were led by a third party moderator, using a focus group guide developed by the TPEP evaluation team (Appendix). All focus group recruitment and activities were approved by the UNC Institutional Review Board. Participants were recruited via a radio ad, flyers, and in-person recruitment conducted by the TPEP research associate. A total of 98 adults over age 18 who reported current smoking participated in the groups, with group sizes ranging from 10 to 16. Based on available data, the focus group composition included good representation from several media campaign target populations, including African Americans (29%), Hispanics (23.5%), and people with a high school education or less (55.1%). Few participants were between ages 18 – 24 or identified as LGBT. It is likely that target populations were even more heavily represented in these groups than reported here, as select demographic data was missing for 21% - 33% of participants (due to refusals and difficulty monitoring data completion during in-person recruiting).

This report provides summary findings of the eight focus groups. Focus group notes taken by the TPEP project manager and research associate were combined and reviewed, and main points and themes were summarized by both staff members. The summary provided a basis for reviewing focus group transcripts to corroborate themes, ensure that the summary was accurate and comprehensive, and identify illustrative quotes. The report is organized around themes that emerged across the eight groups.

Five themes emerged across the eight focus groups: 1) Common strategies used for seeking health information, 2) Low level of Quitline awareness, 3) Quitting and perceptions of available cessation supports, 4) High ad recall and mixed ad reactions, and 5) Improving future media campaigns. Online searches and healthcare settings, including providers, are the most commonly used information sources about smoking and quitting. Awareness of the CT Quitline and its services is low among the focus group participants. Our focus group data suggest that smokers face significant challenges in quitting and have mixed opinions about the utility of the Quitline and other cessation services. Recall of tobacco control media campaign ads among focus group participants is high, but recall of resources offered in the ads is low. Participants suggested a range of ideas to make quit smoking ads more attention grabbing and motivating. The findings that follow present a detailed summary of each of the focus group themes.

A. Information Sources

Searching online and asking a doctor or other healthcare provider were the most commonly reported strategies for seeking information about the health effects of smoking and for help with quitting. Online search techniques were primarily described as generic google searches rather than going directly to health or smoking cessation focused websites. Among the many topics participants wanted more information about, ingredients in cigarettes and the safety and efficacy of electronic cigarettes were most commonly mentioned across groups. Other topics mentioned by some participants included more information about available resources for quitting and more details about how smoking damages the body.

“Popup ads that come up. That’s where I found a lot of information...those will come up and I will look into them.”

B. Quitline Awareness

Less than 40% of participants reported knowing about the CT Quitline. Among participants who had heard of it, most reported seeing ads on TV, and most had little or no knowledge of the scope of Quitline services. Only a few participants knew that free NRT was available through the Quitline.

“I heard a commercial about it. Beyond that, I don’t really remember.”

C. Quitting and Perceptions of Available Cessation Supports

Health concerns and a desire to save money were consistently identified as important motivators for quitting. Quitting for children or other loved ones was also commonly identified as an important motivator, an idea that re-emerged during discussion of specific ads that addressed the impact of smoking on children or family. A few participants volunteered that anti-smoking advertisements have made them want to quit, but this was not a widely endorsed source of motivation across groups. Significant challenges to quitting related to the strength of nicotine addiction, smoking habits, and challenging social circumstances (e.g., stress, living with other smokers) were identified across groups.

“It’s physically addictive too, you know. The physical addiction to it is intense. I’ve dealt with other addiction issues in my life, and that is by far the hardest one.”

“It’s a habit...if you have other people around you that smoke and you’re trying to quit, it’s not going to be easy, because you’re not smoking it, but you’re smelling it constantly, you’re seeing other people smoking.”

Following a description of services available through the Quitline, the CT DPH Community Cessation programs, and select cessation websites, participants were asked for their preferences and opinions about these services. In-person and phone support were each endorsed as modes of cessation support by many participants, with no clear preference emerging. Indeed, a number of participants expressed strong feelings about the importance of providing both in-person and phone cessation services in order to meet the diverse needs of people trying to quit. Very few participants identified websites as a preferable mode of cessation support.

“Some people can do it in-person. Some people might not do it in-person. Some people might be better on the computer. Some people might be better off with the phone. That’s why it’s best to have a certain type all three choices.”

Perceptions about the usefulness of the cessation services described were mixed across groups, with no dominant themes emerging. Some participants focused on positive aspects of these services, including:

- Two weeks of free NRT through the Quitline could be helpful with quitting.
- Counseling and help with making a plan is important for people who are ready to quit.
- The combination of personal experience with quitting and professional training makes Quitline coaches more likely to be helpful (information about the Quitline coaches was provided to participants only on the second day).

“The one part that had me kind of interested is that the [Quitline coaches] are actually ex-smokers that are trying to help because you can’t explain to someone what you’re going through if the other person hasn’t been through it.”

Other participants brought up concerns or resistance to these services, including:

- Two weeks of free NRT is insufficient.
- Talking over the phone is not helpful because the Quitline coach or the caller could be smoking during the session.
- Quitline coaches might be judgmental or suggest strategies that do not fit individual circumstances or preferences.
- Services to help with quitting will not be useful unless a person is motivated and ready to quit.

“All the programs are good, but if you don’t have the willpower to just go ahead and quit, you’re not going to quit.”

Many participants endorsed the following as things that would make them more likely to call:

- Having a personal health issue related to smoking
- Being personally motivated and ready to quit
- Seeing ads that show real people who have had success using the Quitline
- Having more information about the Quitline, especially the free NRT benefit

“If they show more people on commercials, actual people who benefited from calling the hotline and they show their success, how it worked and how they broke it down for them would actually make me want to call the hotline.”

Many participants endorsed the following as things that would make them less likely to call:

- Personal stress or other triggers for smoking/barriers to quitting
- Not being ready to quit
- Concerns about judgment or disrespect from Quitline coaches
- Uncertainty about effectiveness of Quitline coaching and/or two week NRT supply

“You got to also think about the people that are helping you...they have their own ways...people have certain ways of trying to do things. Your way could’ve helped you and if I try your way it might not help me.”

D. Ad Recall and Reactions

1. Ad Recall

Overall, recall of ads from three national campaigns was high across groups. Many participants recalled seeing ads from the CDC “Tips” campaign and the current FDA “Real Cost” campaign. A few participants described ads from Legacy’s “truth” campaign. Most participants recalled seeing ads on TV, with radio ads recalled by some participants across a few groups.

Most participants described a range of negative feelings associated with seeing ads featuring people talking about how smoking has harmed their health. Many said these ads made them feel sad, scared, or discouraged for the person in the ad or about their own smoking behavior and health. Other participants described feeling skeptical, doubting that the health conditions featured were really caused by smoking or believing that the ads portray real people instead of actors.

“It put a fear in me, because it catches me when I’m smoking a cigarette.”

“They could be just using people that are saying what their illness is, but it’s not really caused from smoking.”

2. Ad Reactions

Discussion about how these ads change people’s thoughts about quitting centered on two somewhat contradictory themes. One line of discussion focused on the idea that while the ads are attention getting and elicit negative emotions, any motivation to quit associated with seeing the ad is gone once the ad is over. Another theme emerged around the idea that seeing ads may move people towards quitting, inspiring them to work on reducing their smoking or think about trying to quit in the future.

“Soon as that next thing comes on, the next TV show, you’re picking a cigarette up, you’re lighting it. You don’t even think about the girl you just watched with half her lungs out and all that.”

“It makes me want to at least aim towards quitting. It makes me aim in a more positive direction.”

Importantly, recall about Quitline information presented at the end of ads was very low. Some participants who recalled seeing information knew it was a 1-800 number or a website but did not remember details, saying the information was presented too quickly and in fine print.

“It seems like I remember the commercial, but I don’t remember seeing a number or anything.”

3. Ad Testing

Participants viewed five ads, with each ad shown twice and then discussed. Following the ads, the end screen graphic used in the last media campaign was shown and discussed. Finally, all five ads were shown back to back and participants were asked to complete a ranking sheet to indicate which ads were most attention grabbing and which ads were most motivating. A brief discussion about ad preferences concluded the focus groups.

Ad 1. Tobacco.Reality.Unfiltered: Justin Interview

In this 2009 ad from North Carolina’s “Tobacco.Reality.Unfiltered” campaign, 30-year-old Justin talks about the impact of his stage 4 lung cancer diagnosis on his family. The Justin ad tested well across several groups. Many participants described the ad as hard hitting, noting that his young age was attention getting and that his story elicited their own fears of not being around for loved ones. Some participants rated the ad less highly, expressing skepticism about the role of smoking in dying from cancer at a young age.



Opinions were mixed about whether this ad would motivate someone to call the Quitline, though many participants said the ad might motivate them to make a reduction or quit attempt on their own even if they did not call the Quitline. While some participants said the ad might be effective online, most said it would not catch their attention on the radio.

“...it strikes this fear that I have anyways, which is not being around for the one I love.”

“I have a kid, I’ve a family and that’s disturbing. At any time it could happen to me.”

“Why does cancer take some people real fast from the smoking and other people live to be eighty or ninety and smoke all their life? ... It’s got to be genetic.”

Ad 2. Dear Me: Emily

In this 2009 ad from Washington’s “Dear Me” campaign, Emily reads a letter to herself about the ways that smoking has negatively impacted her life and wonders why she continues to smoke. Reactions to this ad were mixed across groups. Some participants said the ad was relatable, sincere, and emotional. The “No one can make me quit but me” tagline stood out to many participants who described it as increasing the ad’s impact and relatability. Other participants did not rate the ad highly, describing it as far-fetched, ineffective, or sending mixed messages.



Similarly, there were mixed opinions about whether this ad would motivate someone to call the Quitline or to make other efforts to quit. Among those who said it was motivating, many related this to their own experiences of losing loved ones to smoking related disease. Some participants said this ad would be attention getting on the radio, and most said it would not work well as an online ad.

“You have somebody that you saw die of lung cancer and you’re smoking, that commercial will hit you and you’ll probably think, “Wow, I got to stop smoking.”

“Nobody can do it but me. That’s the truth.”

“If she really cared, she would have put down the cigarette. She wouldn’t be smoking.”

Ad 3. Suffering Every Minute: Mom Cancer

In this 2012 ad from New York City’s “Suffering Every Minute” campaign, a young mother with labored breathing uses an oxygen tank as her son offers her a glass of water. This ad got strong reactions across groups, with most participants describing it as hard-hitting, sad, or scary. Many participants focused on the impact on the child shown in the ad, and some participants talked about the ad bringing up painful memories of loved ones dying from cancer.



Most participants rated this ad as highly motivating for calling the Quitline or otherwise trying to reduce or quit smoking. Some participants said that even though the ad was scary, it would not motivate them to quit, expressing denial that such a thing would happen to them or saying that they had been smoking too long and did not want to quit. Most participants said this ad would not be attention grabbing on the radio, but some said it would be effective as an online ad.

“Some things don’t need words. You just see it and you know just what she’s going through and what you can go through if you don’t stop.”

“That hit home.”

“[after seeing that ad I would] run to the chat line.”

Ad 4. Tips From Former Smokers: Bills’s Tip

In this 2013 ad from the CDC’s “Tips From Former Smokers” campaign, Bill talks about how smoking worsened his diabetes and shows what he has lost as a result. Most participants said the strong visuals in the ad were attention getting, and many said the ad made them think about what they could lose as a result of smoking. Many participants described the ad as being straightforward and more real than other ads. The ad resonated particularly strongly with participants who had diabetes, but some participants said it would be less effective for smokers who do not have diabetes.



Many participants rated this ad as highly motivating for calling the Quitline or thinking about making a quit attempt. Some said the ad would motivate them to get a health checkup or to share the information in the ad with a loved one who had diabetes. Some participants said this would be an effective online ad, but most said it would not work as a radio ad.

“...you don’t want to be in his position because you’re losing everything that you care about.”

“...would grab my attention. It would draw me in because I’m a diabetic and the things that he’s saying...I know in my mind that it’s true.”

“He was being real about it.”

Ad 5. NC Quitline: Sixteen & Counting

In this 2009 ad from the North Carolina Quitline promotion campaign, a young woman has a smoke-free day with the voiceover help of a Quitline coach. Reactions to this ad were mixed by group, with some groups rating it highly and others rating it very poorly. Those who endorsed the ad said that the woman's anxiety and cravings made the ad more real and liked the ad's positive tone, practical strategies, and example of a Quitline call. Those who rated the ad poorly said it did not grab their attention and that the anxiety and triggers shown made them want to smoke.



Accordingly, opinions about whether the ad would motivate someone to call the Quitline were mixed. The strongest endorsement came from those participants who expressed a desire for more positive ads. Some participants noted that the ad might motivate them to try some of the strategies presented in the ad. Most participants said the ad would not work on the radio, but some said it might work online.

“Quitting is possible. ... If she can do it, then I can do it.”

“It shows what we’re going through...”

“There was nothing too powerful about that message that really stuck out.”

Quitline Information End Screen

Participants across groups stated that the “You Can Quit” message stands out clearly and many said this was attention getting and reinforcing. Some participants suggested adding an additional call to action or affirmative message and including information about free NRT on this screen. While most participants said the Quitline number was clear, some said it should be bigger and should have numbers beneath the “QUIT-NOW” portion. Some participants suggested colors other than black and white and/or graphics or other images to make the screen more memorable.



“You can quit is what grabs my attention. The number is not grabbing my attention.”

“It’s clear but at the same time it’s kind of dull. The fact that it’s just simply black and white, it should have something that pops out...”

4. Overall Ad Rankings

Across groups, three ads rose to the surface as the most likely to grab someone's attention and make someone motivated to call the Quitline:

1. Suffering Every Minute: Mom Cancer
2. Tobacco.Reality.Unfiltered: Justin Interview
3. Tips from Former Smokers: Bill's Tip

E. Improving Future Media Campaigns

Participants had a range of suggestions about how smoking cessation ads could be more motivating. Consensus formed around the idea that ads need to grab a viewer's attention or stand out in some way. Several other themes emerged across multiple groups:

- Communicate more clearly and “honestly” the role smoking plays in causing death and disease (i.e., that it contributes but is not the sole cause); this was related to perceptions in some groups that ads depicting serious health consequences are exaggerated
- Include a more hopeful message about the possibility of quitting, even if quitting is difficult
- Show real stories of people who have quit or are trying to quit, especially as a way to illustrate how the Quitline works
- Focus ads on effects of smoking on children and loved ones

“Just be real to tell it's going to suck to quit smoking, it's going to be hard.”

“I would like to see a two-part commercial where it shows the really bad side of smoking...and this is what people have done and where they are now...and how their lungs have come back and things like that...I need to know the worst and I need to see some hope.”

Given the focus on positive messaging that emerged as a theme in this discussion, it is interesting to note that the three ads rated most highly in these groups have decidedly negative tones. It is possible that testing a wider variety of ads with more positive tones (rather than only the “Sixteen & Counting” ad) may have resulted in ad preferences that more closely aligned with participants' stated preferences.

5 CONCLUSIONS & RECOMMENDATIONS

Findings from these focus groups suggest that Connecticut adults who smoke, especially those from the disparate populations represented in these groups, face significant challenges with quitting. Awareness of the CT Quitline and its services is low. While TV ads were the most cited source of Quitline information among those who knew about the Quitline, online searches and healthcare providers were identified as the most commonly used information sources about smoking and quitting. Reactions to current and previous media campaigns are mixed, but novel ads depicting the serious health consequences of smoking were rated as most attention getting and motivating across groups, suggesting that such ads have the potential to impact smokers and move them towards quitting. Many participants endorsed a desire for additional messages that offer a hopeful tone and demonstrate how the Quitline can support people in becoming tobacco-free. Such ads may play a role in increasing motivation to make a quit attempt and/or call the Quitline.

Based on these findings, we offer several recommendations for future media campaigns designed to drive Quitline calls:

1. **Focus future campaign ad buys on TV placement.** TV was the most commonly cited venue for ad recall. Radio was not endorsed as an effective medium. Smokers in these target populations use the internet to search for health information about smoking and quitting, and online ad placement should take into account the generic google search strategies participants described.
2. **Consider introducing novel ads from the campaigns that tested well in these groups.** Ads from the Tobacco Reality.Unfiltered, Tips from Former Smokers, and Suffering Every Minute campaigns are available from the CDC Media Campaign Resource Center (MCRC) at no or low cost and were rated as attention getting and motivating. It is possible that ads repeated from a recent federal campaign may reduce the attention grabbing factor that participants identified as being important. Engaging technical assistance from the CDC MCRC to help facilitate ad selection and placement with the media vendor should be considered.
3. **Integrate more information describing Quitline services into ads using a positive, hopeful tone.** Providing clear and compelling information about the Quitline at the end of ads may increase recall and improve attitudes about the Quitline, both important factors for increasing Quitline calls. This may be accomplished through an extended voiceover at the end of ad and/or altering the language and images on the ad end screen and other print ad materials. Including information about the availability of free NRT should also be carefully considered.
4. **If resources allow, consider developing new ads featuring people who have successfully quit using the CT Quitline.** There was consensus around wanting to see ads featuring real stories about quitting and using the Quitline that acknowledge both the challenges and rewards of quitting. Connecting with other states (e.g., Maryland) who have used this kind of approach may help to maximize resources for planning and executing new ad development.
5. **Supplement traditional media messages (e.g., TV or online ads) with coordinated efforts to engage healthcare providers in addressing tobacco use, understanding Quitline services, and referring patients to the Quitline.** Healthcare providers were identified as one of the most commonly used sources of information about smoking and quitting. Ensuring that CT smokers receive encouragement to quit and access to resources in all healthcare settings is critical to increasing awareness and use of the Quitline.

CT Media Formative (First Round) Focus Groups

Greeting: Welcome and Thank you for being here today. We really appreciate you taking the time to participate in this discussion.

Role: My name is _____. I will be the moderator for the discussion. My role today will be to ask some specific questions and to keep the conversation going. We have a lot to cover, so I may need to change the subject or move ahead with the discussion. But, please stop me if you want to add anything or if you have any questions. Our discussion today will last about 90 minutes.

We are fortunate to have some help today. I'd like to introduce you to our note taker, _____. His/her job will be to take notes during the discussion. We want to be sure to get all of the important things you say.

Purpose: Before we get started, I wanted to talk a little bit about the purpose for the group and about confidentiality. I think everybody here knows why we're here, but let me go over it just in case. We are part of a research team at the University of North Carolina at Chapel Hill. We are working with the Connecticut Department of Public Health to help them improve their programs to help people quit smoking. Today's focus group is interested in discussing how you get information about health issues, what you may know about different supports for quitting tobacco use, and your thoughts about any recent health advertisements and campaigns you have seen or heard.

We're going to be having a group discussion. It's not an interview where I ask a question and each person answers the questions and we move on to the next one. It's a discussion. We'll be putting topics on the table and the idea is for everyone to participate in the discussion. What's particularly helpful is if somebody says something and you're sitting here thinking, "Yeah, that's sort of like what I think" we want to hear that. But we also want to hear from you if you are thinking, "NO, that's not how I think about it." We want to hear similarities and differences among the group. There is no right or wrong answer to these questions. Your participation in today's focus group will help create messages about tobacco products that are easily understood and trustworthy.

Before we begin, I would like to state that the conversation is being audio-taped to help us remember what is said during this discussion. You may ask me to turn off the recorder at any time or simply say you do not want to answer a question. I would like to stress that everything said here today will be confidential. What you say will be used only to help us with our research. Nothing you say will be connected with your name. We would also like everyone to keep things confidential, so whatever you say and whatever you hear someone say, we would hope that it wouldn't go out of this room. I hope you will feel free to speak openly but be aware of our limits in protecting your confidentiality. Lastly, if possible I would like to ask that you turn off the volume of you cell phones and pagers to minimize possible distractions.

Icebreaker (5 minutes)

Let's get started by introducing ourselves. Tell us only your first name and where you would go on vacation if you could go anywhere. I'll start.

Section I: Smoking and Quitting (20 minutes)

It is our understanding that everyone here smokes. Let's start our discussion by talking a little more about smoking and about trying to quit.

1. Even if quitting is not on your radar right now, think about a time when you have tried to quit or thought about quitting? What makes you want to quit? What would be good about quitting?

2. What makes it hard to quit?

3. Think back to when you've wanted information about how smoking affects your health or about how to quit. Where have you looked for that kind of information?

Probe [asked a doctor, asked a family member/friend, looked online (any particular websites?)]

Note taker: List all channels mentioned by participants

4. As you think about the health information you have heard about smoking cigarettes and quitting, what are some things you would like to know more about? Probe [for example: what ingredients are in cigarettes, tips on quitting?]

Probe [If conversation moves to e-cigarettes or other tobacco products, refocus on tobacco cigarettes: Let's focus on tobacco cigarettes]

5. Are you more interested in knowing more about the health risks of continuing to smoke or about the benefits of quitting?

Section II: Quitline and other cessation services (20 minutes)

Let's talk now about a service called the Connecticut Quitline.

1. Have you heard of the Connecticut Quitline? If you have, please just raise your hand.

2. If you have heard of the Connecticut Quitline, where have you heard about it or seen it advertised?

3. What do you know about the Quitline?

Probe [What do you think the Quitline offers people who use it?]

So that we're all on the same page, let me tell you a little about the Quitline. The Connecticut Quitline is a toll-free number you can call to get help with quitting smoking. You can talk with a specially trained counselor who will help you make a quit plan that matches your motivations and helps you think of strategies for dealing with cravings and other challenges. The counselor can also provide follow-up support over the phone as you work on quitting. You can also get two weeks of free nicotine patches, gum, or lozenges if you sign up for calls with a Quitline coach. The Quitline also has a website you can use to register for services and get support with quitting. There is also a quit smoking website called BecomeAnEx.org that offers tips and an online community, as well as community-based programs in Connecticut that provide in-person support through individual or group counseling.

4. Tell me what you think about these services?

Probe: [What services offered by the Quitline do you think are the most helpful?]

5. If you wanted help with quitting, would you be more likely to call a Quitline coach, get in-person counseling, or use an online program?

Now let's talk specifically about calling the Quitline.

6. Tell me what sort of things might make you more likely to call the Quitline?
7. Tell me what sort of things might make you less likely to call the Quitline?
8. If you saw an ad about calling the Quitline, what information should the ad include to make you more likely to try calling the Quitline?
9. If you were to try the Quitline, would you be more likely to register by calling on the phone or using the Quitline website?

Section III: Campaign Awareness and Reactions (20 minutes)

Let's move the topic of discussion towards advertisements you may recall seeing or hearing in the past about quitting smoking.

1. What quit smoking or smoking prevention advertisements do you recall seeing on TV or other places or hearing on the radio?

Probe [Advertisements with real smokers, true stories about family members who smoke, anything about the "real cost" of cigarettes, or place to call to help quit smoking]

2. Where have you most frequently seen or heard these ads?

Probe [on TV, certain websites, radio or satellite radio, etc.]

3. What information do you remember at the end of these ads about how to get help with quitting smoking?

Note taker: list all mediums mentioned (i.e., TV, online, radio)

4. Now think about the ads that show people talking about how smoking has harmed their health. How do you feel when you see these ads?

5. How do these ads change your thoughts about continuing to smoke or quitting smoking?

6. What kinds of messages should be in quit smoking ads to make the ads more likely to motivate you to make a change in your smoking?

Probe: [health message with graphic depiction?, cosmetic damage (teeth, skin), emotional survivor stories?, industry deception?]

Section IV: Ad Testing (30)

Now we would like to show you several different ads related to quitting smoking. These ads are from different campaigns and use different approaches. We will view each ad twice and then stop to talk about that ad. We will also show you an example of the information you would see if one of these ads were on TV here. At the end, we will watch all the ads together and talk about how they compare to one another.

Show ads one at a time. After each ad, ask:

1. What stood out to you about this ad?

Probe [How did this ad make you feel?]

2. Imagine you saw this ad on TV. How motivated would it make you feel to call the Quitline?

Probe [Why would you/why would you not feel motivated to call the Quitline or think about quitting after seeing this ad?]

3. What else might you feel motivated to do if you saw this ad?

Probe [Try to quit on your own? Talk with your doctor about quitting? Go online for more information about quitting?]

4. How much would this ad catch your attention if you saw it online or just heard the audio on the radio?

Probe [If you saw this ad online would you click on it? If you heard it on the radio would you change the station?]

Show Quitline information end screen.

Now please imagine you saw this screen at the end of one of the ads we just watched.

1. What stands out to you about this information?

Probe [How clear is the Quitline number? How clear is the Quitline website address?]

2. How could this image be changed to make people more likely to contact the Quitline?

Probe [What information should be added? Should certain parts be bigger or smaller? In a different color?]

Now we will watch all the ads back to back. Think about which ones are the most attention-getting and most likely to motivate you to take action.

Show selection of ads back to back, with brief pause between each. Provide participants with sheet to rank ads.

Now please take a moment to fill out this sheet. First, select the ad or ads that are most likely to get people's attention. Then, select the ad or ads that would make you feel most motivated to think about quitting or to call the Quitline. Then we will talk about your choices.

5. Which ads stand out the most or are most likely to catch your attention?

6. Which ads are most likely to make you think about quitting or to call the Quitline?

Conclusion

This concludes our focus group questions.

1. Is there anything else we have not yet discussed that you would like to mention related to what we've been talking about?

Thank you very much for taking part in this discussion today.

Connecticut Tobacco Use Prevention and Control Program

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